
 United States Environmental Protection Agency 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001		<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide – Section I			
1. Company/Product Number 88541-1		2. EPA Product Manager J. Herrick	
4. Company/ Product (Name) Willowood Lambda Cyhalothrin LLC/ Willowood Lambda-Cyhalothrin Technical		3. Proposed Classification PM # 3 <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) Willowood Lambda Cyhalothrin LLC 1887 Whitney Mesa Drive #9740 Henderson NV 89014-2069 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i) my product is similar or identical in composition and labeling to: EPA Reg. Nos: Product Name(s):	
Section – II			
<input checked="" type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Registration amendment, add alternate source, PRIA R351 Jane Miller, Agent: jmillar@biologicconsulting.com			
Section – III			
1. Material This Product Will Be Packaged In:			
Child Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify): HDPE lined bags
*Certification must be submitted		If "Yes" Unit Packaging Wt.	No. Per Container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 500 kg (1102 lbs)	
5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling Accompanying Product		6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Stenciled <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Other	
Section – IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application).			
Name Jane M. Miller		Title Consultant	Telephone No. (Include Area Code) 239-331-3422
Certification			6. Date Application Received (Stamped)
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			
2. Signature 		3. Title Consultant	
4. Typed Name Jane M. Miller		5. Date August 31, 2020	